SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

Address to send permit \_



Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payab	le to: Bayfie	eld Count	y Zoning Depa	E BEEN ISSUED TO APPL	ichtylici <mark>origiaela</mark>	philephion Must b	e submitted F	ILL OUT IN INK (	IO PENCII	<u>L)</u>	
				ND USE   SANIT		CONDITIONAL	JSE SPECIAL US	E □ B.O.A. □	OTHER_		
TYPE OF PERMIT RE	MAIN E	Tiv	Λ	necked Mailin	ng Address:	City/	State/Zip:		Telephone:	245	
Address of Property	W PIL	1	I Dag	1	City/State/Zip:	111 54	921		Cell Phone	940 I	
41665 UM	apini	0000	KVU	Contr	ractor Phone:	Plumber:			Plumber Pl	ione:	
Authorized Agent: (Pe	erson Signing	Application	on on behalf of	Owner(s)) Agen	t Phone:	Agent Mailing A	Address (include City/Sta		Written Authorizat Attached  Ves	] No	
PROJECT LOCATION	Legal De	egal Description: (Use Tax Statement)  Tax ID# 16617  Pegal Description: (Use Tax Statement)  Recorded Docume  2019 13  OH-D11-2-44-06-29-106-002-76000  Recorded Docume  2019 13  Recorded Docume  2019									
1/4,	1/4	ALECCIO MIN	Gov't Lot	Lot(s) CSM	7/75	I Doc# Lot(s	J. 2.00.1.	ot Size	Acreag	e	
Section 29	, Townsh	nip _4	/ <del>/</del> / N, Rar	nge <u>6</u> w	Town of:	randvi	ew i	22,000	2.8	5	
	☐ Is Pro	perty/La	and within a	300 feet of River, Str Floodplain? If	ream (incl. Intermittent) yescontinue		ure is from Shoreline : fe	Zone?	ain F	e Wetlands Present?	
☐ Shoreland →				1000 feet of Lake, Po	ond or Flowage yescontinue	ure is from Shoreline	□ Yes ≥ No	₩ No			
☐ Non-Shoreland								and the first that the state of			
Value at Time						Total # of		at Type of		Type of Water	
of Completion		Project		Project	Project Foundation	bedrooms		nitary System(s) le property <u>or</u>		on	
* include donated time				# of Stories		property		n the property?		property	
& material	<b>\</b>		tion	☐ 1-Story	☐ Basement	□ 1	☐ Municipal/City			☐ City	
1	1	New Construction  Addition/Alteration		☐ 1-Story +	☐ Foundation	□ 2	☐ (New) Sanitary	Specify Type:		XWell	
\$ 400 ( . 0	☐ Addit			Loft		M' Sanitary (Exists		Specify Type:			
\$ 18,500	☐ Conv	ersion		2-Story	Slab	<b>¾</b> 3	- Driver (Dit) or	□ Vaulted (min	☐ Vaulted (min 200 gallon)		
,	☐ Reloc	c <b>ate</b> (exi	sting bldg)	Use		□ □ None	□ Portable (w/se	rvice contract)	vice contract)		
	☐ Run a		ess on		Vear Round	t					
	Prop	erty					□ None				
				t and in hoing applie	ed for) Length:		Width:	Hei			
Proposed Cons	ure: (if add struction:	dition, alt (overa	eration or ball dimension	usiness is being applie ns)	Length:		Width:	Hei	ght:		
Рторозси зопо					Proposed Struc	ture		Dimension	S	Square Footage	
Proposed	Use	1						( X	)		
			Principa	I Structure (first some (first	tructure on propert	.γ)		( X	)		
			Residen	with Loft	ing strack, etc.,			( X	)		
<b>又</b> Residentia	al Use			with a Porch				( X	)		
				with (2 <sup>nd</sup> ) Por	ch	( X	)				
z				with a Deck	1.	( X	)				
☐ Commerc	ial Use			with (2 <sup>nd</sup> ) Dec			( X .	)			
			Dunliha	with Attached	or $\square$ sleening quart	ers, or $\square$ cooking	& food prep facilities)	( X	)		
			Mobile	Home (manufactur	ed date)			( X	)		
								( X	)		
☐ Municipa	l Use	-	Access	ory Building (explai	in) Garage /	2 ad Story	art studio	124 ×2	9)		
Rec'd	for loou		Access	ory Building Addit	ion/Alteration (exp	olain)	OF THE RESERVE OF THE PERSON O				
8 9 2 9 8	022	020 -		THE RESERVE AND ADDRESS OF THE PARTY OF THE				( x X	)		
JUI	V~ L							( X	1		
Secr	etarial S	Staff_	Other:	(explain)				1	,		
I (we) declare that (are) responsible for	this application	n (includin	g any accompa y of all information I/(we	nying information) has beer tion I (we) am (are) providir ) am (are) providing in or w			MIT WILL RESULT IN PENA wledge and belief it is true, co determining whether to issue charged with administering co		re) acknowledge accept liability of access to the a	that I (we) am which may be a bove described	
property at any rea	asonable time	for the pu	pose of hisper	0.00/				Date			
Owner(s):(If there are I	Multiple Ow	vners list	ed on the Do	ed All Owners must s	ign <u>or</u> letter(s) of autho	orization must accon	npany this application)				
Authorized A								Date		11.	
Authorized A	(H	f you are	signing on b	pehalf of the owner(s)	a letter of authorization	n must accompany t	nis application)		<u>Attach</u>		

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch you	r Property (re	egardless of w	hat you are	e applying for)	T:11 O.4	. I.I. N	O DENC	TT					
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	North (N) o (*) Drivewa All Existing (*) Well (W (*) Lake; (*)	<b>y</b> <u>and</u> (*) Fron Structures on	your Prope ank (ST); (* eam/Creel	) <b>Drain Field (</b> DF); (*) I <b>c;</b> or (*) <b>Pond</b>									
Please complete (1) – (7) above (prior to the complete (1) – (8) Setbacks: (measured to				Chang	es in plans must be appi	oved by the P	lanning & Zon	ing Dept.					
Description		Setback Measurem			Description								
Setback from the <b>Centerline of Platted Ro</b>	d	2 (2-)		Cable and former than I			· 4						
Setback from the <b>Established Right-of-Wa</b>		100	Feet Feet		Lake (ordinary high-wat River, Stream, Creek	er mark)	200	Setback Measurements  Feet Feet Feet  Feet  Feet  Yes No  Feet  Feet  Well (W).  Feet  Feet  Feet  Feet  Feet  No  Feet  Feet  Feet  Feet  No  Feet  Feet  Feet  Feet  Feet  Feet  Feet  No  Feet  Fee					
Cathoole from the North Lat Live		71001		Setback from the I	Bank or Bluff			Feet					
Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line		200	Feet Feet	Setback from <b>Wet</b>	land			Setback Measurements  Feet Feet Feet Feet Feet Feet  Feet  Feet  Feet  Feet  No  Feet  Feet  Feet  Feet  No  Feet  Feet  Feet  No  Feet  Feet  Feet  No  Feet  Feet  Feet  Feet  Feet  Feet  Seviously surveyed corner to the the structure, or must be the structure, or must be the structure of natural  Feet					
Setback from the <b>West</b> Lot Line		54	Feet	20% Slope Area or	n the property		☐ Yes	Setback Measurements  Feet Feet Feet Feet Feet Feet  Feet  Feet  Feet  Feet  No  Feet  Feet  Feet  Feet  No  Feet  Feet  Feet  No  Feet  Feet  Feet  No  Feet  Feet  Feet  Feet  Feet  Feet  Seviously surveyed corner to the the structure, or must be the structure, or must be the structure of natural  Feet					
Setback from the <b>East</b> Lot Line		93	Feet	Elevation of <b>Flood</b>	plain			Setback Measurements  Feet Feet Feet Feet Feet  Feet Garden water can be difficult at department of natural Feet Feet Feet Feet Feet For the structure, or must be Feet Feet Feet Feet Feet Feet For the structure, or must be Feet Feet Feet Feet Feet Feet Feet Fe					
Setback to Septic Tank or Holding Tank		100	Feet	Setback to Well	-		60	Feet					
Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Portable, Composting)		100	Feet					Setback Measurements  Peet Feet Feet Feet Ves No Feet  Feet  Ves No Feet  Well (W).  Pen water can be difficult to department of natural					
Prior to the placement or construction of a structure within	n ten (10) feet of t	he minimum requir	Feet setback, the	boundary line from which the	setback must be measured must	be visible from one	previously surveye	ed corner to the					
other previously surveyed corner or marked by a licensed s Prior to the placement or construction of a structure more	than ten (10) feet	but less than thirty	(30) feet from	the minimum required setback	, the boundary line from which th	ne setback must be	measured must be	visible from					
one previously surveyed corner to the other previously sur marked by a licensed surveyor at the owner's expense.	rveyed corner, or v	erifiable by the Dep	partment by use	e of a corrected compass from a	a known corner within 500 feet of	the proposed site	of the structure, or	must be					
	Land Use Perm Of New One & The local T federal laws co oval or modifica	its Expire One ( Two Family Dw Jown, Village, Cincerning constru- ation of construction	1) Year from relling: ALL I ty, State or I ction near or ction that vio	the Date of Issuance if C Municipalities Are Require Federal agencies may also on wetlands, lakes, and str lates the law or other pen	construction or Use has not ed To Enforce The Uniform o require permits. reams. Wetlands that are not	begun.  Dwelling Code  associated with	open water can	be difficult					
Issuance Information (County Use	Only)	Sanitary Nun	nber:	#	# of bedrooms:	rooms: Sanitary Date:							
Permit Denied (Date):		Reason for D											
Permit #: 20-009.3		Permit Date:	6-2	-20		- 1 - 1							
	(Deed of Record (Fused/Contigu	d)	□ No □ No □ No	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Requ							
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:				Previously Granted by  Street Property		e #:							
Was Parcel Legally Created	Yes No				s Represented by Owner Was Property Surveyed								
Inspection Record:				1		Zoning Dist Lakes Class		1					
Date of Inspection: 5/28/20	•	Inspected by				Date of Re	-Inspection:						
Condition(s): Town, Committee or Board Co	onditions Attach	ched?   Yes  uman    upan	No-(If ! Hab, ta)	No they need to be attacked to or sleep.	ched.) If water en	iters bu	ilding						

Signature of Inspector:

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:  $\Box$ 

Date of Approval:

Hold For Fees:

n the box below: Carage 473 16 9451 10 Meling & Ye Maybeen Capin 200 t 1 Diamond Capin Wood RD 00 B

# wn, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

20-0093 Maureen Chapin & James Biesecker No. Issued To: Location: **SW** 1/4 of NE Section **Township** Range W. **Grand View** Town of Gov't Lot Lot Block Subdivision CSM# 1106

For: Residential Accessory Structure: [ 2 - Story; Garage/Studio (24' x 24') = 576 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

# Condition(s): Not for human habitation or sleeping. Get septic permits if pressurized water enters building.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

### **Tracy Pooler**

Authorized Issuing Official

June 2, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart.

Washburn, WI 54891 (715) 373-6138

### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**



Permit #:	20-00%
Date:	6-2-20
Amount Paid:	\$135 6-2-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CON	NSTRUCTION	I UNTIL A	LL PERMITS H	IAVE BEEN ISSUED TO	APPLICANT.	Original /	Application	MUST be subn	nitted	FILL (	OUT IN INK (	NO P	ENCIL)
TYPE OF PERMIT	REQUEST	ED-			TOTAL STATE OF THE	RIVY	CONDITI	SEPTIMENT OF THE PROPERTY OF T	SPECIAL	. USE	□ B.O.A.	□ ОТ	
Owner's Name:  ARRIVE SARAN SCHAPT  Woods TOCK IL 60098 (815)										1			
										7)482-			
		SR A	DE A	8	City/State/Z	ip:	WI	5482	2/			Cell I	Phone: 7051
Contractor:		20101	00 711		ontractor Phone:		Plumber						ber Phone:
HILL COI	NSTR	VCTI	ON CO	C 7	15-634-6	750	RASI	MUSSEA	1'5			715	-798-335
Authorized Agent:					gent Phone:			lailing Address		/State/Z	ip):	Writ	
				1	3			N. F.				even was	orization ched
						44	MAY	WARD,	W1 5	484	3	20.000	es 🗆 No
PROJECT			///	- C	Tax ID#		W.		1 6	Record	ed Document:	(Showi	ng Ownership)
LOCATION	Legai	Descript	ion: (Use i	ax Statement)	16352		~ 5		A Section	<u>EUIY</u>	R-579	77	7
			Gov't Lot	Lot(s) CSI	VI Vol & Page	CSIV	Doc#	Lot(s) #	Block #	Subdivi		į.	
1/4,	1	/4	8	5 73	5 V.6 P. 15	7/			- 18 /		J#		£1
Section 20	Taur	achin (	14 N. P	ange <u>05</u> W	Town	of:				Lot Size		A	creage (.O/
Section	, TOWI	isilip	/ IV, K	alige w	6	RAN	D VIE	W		-			1.01
	X Is P	roperty	/Land withi	n 300 feet of River,	Stream (incl. Inter	rmittent)	Distance S	Structure is fro	om Shorelin	ie:	Is your Prope	erty	Are Wetlands
	Creek			of Floodplain?	If yescontinu		_73	44.7		feet	in Floodpla	in	Present?
Shoreland –	□ Is P	roperty	Land within	n 1000 feet of Lake	Pond or Flowag	ge	Distance S	Structure is fro	om Shorelin	ie:	Zone?		☐ Yes
4					If yescontinu					feet	XNo		≥No
☐ Non-Shoreland	d						1						
Value at Time					- 2		Total #	of	w	hat Typ	e of		Type of
of Completion * include		Project		Project Proje					anitary System(s)		Water		
donated time		riojec	# of Stories		Foundation		The state of the s			-	perty <u>or</u>		on
& material							proper	ty	Will be	on the	property?		property
	☐ New	Constru									☐ City		
	√ ∆ddit	ion/Alt	eration .	☐ 1-Story +	Foundat	□ Foundation					ify Type:		□ Well
\$	CRA	WL 9	PACE	Loft	Podridation								-
45,000	☐ Conv	ersion	on 🗆 2-Sto		Story Slab		☐ 3 Sanitary (Exist						NONE
			· ·		,		HOCSING						
,	☐ Run a		cisting bldg)				None Privy (Pit) or Privy (Pit) or Compost Toile			□ Vaulted (min 200 galle		o galic	llon)
	Prope		ess on Use			und							
		,				unu	□ None						_
				~				- 1101					
<b>Existing Structu</b>	ure: (if add	ition, alte	eration or bu	siness is being applie	d for) Lengt	th: 2	7'	Width:	35		Height		6'
Proposed Cons	truction:	(overa	ll dimensior	ns)	Lengt	th:		Width:			Height	:	•
													Square
Proposed I	Use	1			Proposed	Structu	re			D	imensions		Footage
			Principal	Structure (first s	tructure on pr	operty)				(	Х	)	· ootage
				e (i.e. cabin, hunt						ì	Х	)	
<b>1</b>			resident	with Loft	ing shack, etc.	· <i>J</i>				1	Х	í	
A Residentia	al Use		14	with a Porch						ì	Х	í	
•				with (2 <sup>nd</sup> ) Por	ch					(	Х	)	
				with (2 <sup>nd</sup> ) Porch					(	Х	)		
☐ Commercial Use			with (2 <sup>nd</sup> ) Deck						i	Х	)	( ) ( )	
			¥	with Attached Garage						i (	X	) -	46.
			Runkhor	use w/ (□ sanitary,		auartors	or 🗆 cooki	ng & food prov	facilities)	1	Х	)	CM.
						quai ters,	<u>or</u> — cooki	ng a rood prep	, racilities)	1	X	1	
			Addition/Alteration (explain) ADD CRAWL SPACE						1 2		1	alle	
☐ Municipal	Use	×				LAA	WC DP	ACE		1 2	5 × 27	)	945
Rec'd fo	rls		7	ry Building (explai						1	Х	)	
11	) 2 202	10	Accessor	ry Building Additi	on/Alteration	(explain	)	tioner a pieces a su		(	Х	)	
10000000		Special I	Special Use: (explain)								)		
18 19 1	1 1111		Special C	Jac. (explain)		Conditional Use: (explain)							

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Date 5-17-20

Owner(s):	Small	Parison	In	
(If there are	Multiple Owners lis	ted on the Deed Al	Owners must s	t sign <u>or</u> letter(s) of authorization must accompany this application)

Other: (explain)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Copy of Tax Statement** 

Address to send permit\_

**Authorized Agent:** 

Secretarial Staff

If you recently purchased the property send your Recorded Deed

Date

(

### v or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL (1) Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (6)

(7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

All Existing Structures on your Property

Please complete (1) – (7) above (prior to continuing)

(4)

(5)

Show:

Show:

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept

Description	Setback Measureme	nts	Description	Setback Measurements		
Setback from the <b>Centerline of Platted Road</b> Setback from the <b>Established Right-of-Way</b>	63	Feet Feet	Setback from the Lake (ordinary high-water mark) 73	Feet		
Setback from the <b>North</b> Lot Line	72	Feet	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Feet Feet		
Setback from the <b>South</b> Lot Line Setback from the <b>West</b> Lot Line	135	Feet	Setback from Wetland	Fee		
Setback from the <b>East</b> Lot Line	341	Feet Feet	20% Slope Area on the property  Elevation of Floodplain	□ No Fee		
Setback to Septic Tank or Holding Tank	30	Feet	Setback to Well	,		
Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Portable, Composting)		Feet Feet	boundary line from which the sethack must be measured must be visible for	Fee		

sly surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900 resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms: Sanitary Date:								
Permit Denied (Date):	Reason for Denial:									
Permit #: 20-0092	Permit Date: 6-2-25									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes   (Deed of Record   Yes   Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached			□ No					
Granted by Variance (B.O.A.)  ☐ Yes No Case #:		Previously Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:								
Was Proposed Building Site Delineated Was Proposed Building Site Delineated Yes No		Were Property Lines Represented by Owner Was Property Surveyed  Were Property Lines Represented by Owner Was Property Surveyed  No								
Inspection Record: He was Put	ting crawl spa	Pace under cabin Zoning District (R-1)								
Date of Inspection: 5/27/20	Inspected by:	tal print expunsion (2)  Date of Re-Inspection:								
Condition(s): Town, Committee of Board Conditions Attac				1=1.1	1					
Build as proposed + No expansion of Footported with feet required UDC Inspections										
Signature of Inspector:		1/0		Date of Approval:	27/-					
Hold For Sanitary: Hold For TBA:	Hold For Affida	vit: 🗆	Hold For Fees:	_ 🗆	^// <i>1</i> 29					

own, City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - Reconnect (19-82S)
SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Aaron & Sarah Schadt 20-0092 No. Town of **Grand View** 20 Township Range 5 W. I ocation: Section  $\frac{1}{4}$  of -CSM# 935 Subdivision 5 Block Lot Gov't Lot

For: Residential Alteration: [Crawl Space (35' x 27') = 945 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

## Condition(s): Build as proposed and no expansion of footprint. Get required UDC inspections.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

## **Tracy Pooler**

Authorized Issuing Official

June 2, 2020

Date